



# TOWN OF CAPITOL HEIGHTS

*"A unique experience. Discover us."*

RECEIVED STAMP:

Vivian M. Dodson Municipal Center  
1 Capitol Heights Boulevard, Capitol Heights, Maryland 20743  
(301) 336-0626 Office ~ (301) 336-8706 Facsimile  
[www.capitolheightsmd.com](http://www.capitolheightsmd.com)

## BUSINESS LICENSE APPLICATION

### BUSINESS INFORMATION

**You must have all required County and State licenses and permits necessary for the operation of your business, and you must be in compliance with all applicable County and State laws and regulations. The items listed must accompany this application. All forms must be completely filled out and signed.**

<b>BUSINESS NAME:</b>		<b>AGENT'S NAMES:</b>	
<b>BUSINESS ADDRESS:</b>		<b>AGENT'S ADDRESS:</b>	
<b>BUSINESS NUMBER &amp; EMAIL ADDRESS</b>	( )	<b>AGENT'S NUMBER &amp; EMAIL ADDRESS</b>	( )
<b>EMERGENCY CONTACT:</b>	<b>NAME:</b>		<b>NUMBER:</b>

**CHECK ONE:** ☐ NEW BUSINESS ☐ RENEWAL/EXISTING BUSINESS

**DESCRIBE THE ACTIVITIES OF THE NEW BUSINESS:**

### ADMINISTRATION USE ONLY (owner's do not fill out)

<input type="checkbox"/> Business License Application	<input type="checkbox"/> Copy of Driver's License
<input type="checkbox"/> Dept. of Labor, Licensing and Regulations permit (DLLR) (for all beauty, barber shop, food vendors)	<input type="checkbox"/> Maryland Department of Education license (for all day care providers)
<input type="checkbox"/> Board of License Commissioner (for all alcoholic beverages sales)	<input type="checkbox"/> Town Tax Certification Form
<input type="checkbox"/> Income Tax Return from Previous Year or Federal or State returns	<input type="checkbox"/> Certificate of Occupancy (U&O) <span style="float: right;">Date issued:</span>
<input type="checkbox"/> PG County Health Department Inspection (for all commercial businesses that prepare food on-site (this is an annual inspection))	
<input type="checkbox"/> <b>Attach tax status from SDAT</b>	<input type="checkbox"/> Good Standing <input type="checkbox"/> Delinquent <input type="checkbox"/> Forfeited
<input type="checkbox"/> OTHER:	<input type="checkbox"/> Dissolved <input type="checkbox"/> Merged <input type="checkbox"/> Revived

**BUSINESS DETAILS**

	YES	NO
1. Is the business currently open?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the applicant have a financial interest in the business to be conducted under the license?	<input type="checkbox"/>	<input type="checkbox"/>
3. Previous Year Business license fees paid?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the applicant ever been convicted of a felony, or has been adjudged guilty of violating the laws of the State of Maryland or adjudged guilty of any offense against the laws of the United States? If yes, please explain _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Will other people other than the licensee operate the business under the license for which you are applying? If no, please explain: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the applicant ever been denied a license in the Town of Capitol Heights, or elsewhere to operate a business? If yes, _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
7. How many employees do you employ at this location?		
8. Does the business sell food or beverages?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the business sell already prepared food?	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the business serve alcoholic beverages? If yes, what type?	<input type="checkbox"/>	<input type="checkbox"/>
11. Arrangements for trash collection:	<input type="checkbox"/>	<input type="checkbox"/>
12. Passed physical inspection? (If no, attach detailed description and pictures)	<input type="checkbox"/>	<input type="checkbox"/>
13. Complaints or outstanding issues, etc.? (If yes, attach detailed description and pictures)		
14. Type of trash that will be generated, and amount each week:		
<b>If you have made arrangements with a private contractor, please attach a copy of your trash collection contract or a notarized statement that you will personally remove the trash.</b>		

**TAX INFORMATION**

15. Expected annual revenue:		
16. Is the business currently open?	YES	NO
17. Previous year, Business Personal Property Tax paid?	<input type="checkbox"/>	<input type="checkbox"/>
18. Tax Preparer's Name:		
19. Tax Preparer's Address:		
20. Tax Preparer's Contact Number:		
21. Tax ID No.:		

Tax Preparer's Signature:		Date:					
<b>PROPERTY OWNER</b>							
Property Owner's Name:							
Property Owner's Address:							
Property Owner's Phone No.:		Email:					
Is the business incorporated? If yes, the officers of the corporation are:			<table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><b>YES</b></td> <td style="width: 50%; text-align: center;"><b>NO</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<b>YES</b>	<b>NO</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>YES</b>	<b>NO</b>						
<input type="checkbox"/>	<input type="checkbox"/>						
Name	Office (i.e., President, Treasurer)	Address	Phone				
<b>PROPERTY/LANDLORD INFORMATION</b>							
Landlord/Agent's Name:							
Landlord/Agent's Address:							
Landlord/Agent's Phone No.:		Email:					
<b>LICENSE FEES</b>							
Type of business license fee:		\$					
Administration fee:		\$ <b>125.00</b>					
<b>TOTAL Business License Fee:</b>		\$					
Banks and Financial Institutions		\$500.00					
Peddlers, Solicitors		\$300.00					
Professional Services – Each Professional		\$500.00					
Real Estate Services – Each Sale/Sign		\$250.00					
Coin Operated Machines – Each Machine		\$150.00					
(i.e., coin-operated pinball, video or other entertainment devices; billiard or pool tables; bowling alleys; gaming tables or boards, when operated for public use)							
Specify number and types of devices, tables, etc. (such as 2 billiard tables, 5 video games): (write in space below)							

All other Businesses - First Year of Operation	\$250.00
Gross Receipts under \$25,000 to \$100,000	\$300.00
Gross Receipts \$100,000 to \$500,000	\$400.00
Gross Receipts \$500,000 to \$750,000	\$500.00
Gross Receipts \$750,000 to \$1,000,000	\$600.00
Gross Receipts in excess of \$1,000,000	\$1,000.00
Non-Profit Organizations, Exclusively Religious, Charitable or Educational	No Fee

**Any business whose license fee is based on annual gross receipts shall furnish the Town Administrators a financial statement or such other proof of gross receipts as the Mayor and Council may require at the time of filing application for a license. In the event of failure or inability to furnish proof of gross receipts within 15 days after application for license has been filed, the fee shall be based on the highest gross receipts level.**

Business licenses shall be valid for one year from July 1 through June 30, and must be renewed by August 15, annually. Fees not paid by August 15 will be subject to a 20% late fee for each quarter the fee is late.

I certify that the statements in this application are true and complete to the best of my knowledge. I understand that the Town business license may not be assigned or transferred without prior approval of the Town Administrator. I further understand that the license, if granted, must be prominently displayed on the premises where it will be visible to customers, clients, inspectors, etc. I further understand that a license is subject to revocation by the Town. I pledge to keep the area immediately surrounding my business neat and clean at all times. **IF THIS IS A RENEWAL APPLICATION, I certify that I have not omitted information that has changed from the previous application. A license will not be approved unless all outstanding fees have been paid and the business is inspected and passes inspection.**

Signature:		Date:	
<b>COUNCIL USE ONLY</b>			
<input type="checkbox"/>	<b>Review and Approve</b>	<b>Signature:</b>	<b>Date:</b>